

**UNITED STATES BANKRUPTCY COURT**  
**Southern District of New York**

**VOLUNTARY PETITION**

Name of Debtor (if individual, enter Last, First, Middle):  
**Republic Group, LLC**

Name of Joint Debtor (Spouse) (Last, First, Middle):  
**N/A**

All Other Names used by the Debtor in the last 8 years  
 (include married, maiden, and trade names):

**N/A**

All Other Names used by the Joint Debtor in the last 8 years  
 (include married, maiden, and trade names):

**N/A**

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN  
 (if more than one, state all):  
**83-0396188**

Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN  
 (if more than one, state all):

**N/A**

Street Address of Debtor (No. and Street, City, and State):  
**260 West 36th Street, RM 901**  
**New York, NY**

**ZIP CODE 10018**

Street Address of Joint Debtor (No. and Street, City, and State):

**N/A****ZIP CODE N/A**

County of Residence or of the Principal Place of Business:  
**New York**

County of Residence or of the Principal Place of Business:

**N/A**

Mailing Address of Debtor (if different from street address):  
**Same**

**ZIP CODE Same**

Mailing Address of Joint Debtor (if different from street address):

**N/A****ZIP CODE N/A**

Location of Principal Assets of Business Debtor (if different from street address above):  
**Same**

**ZIP CODE Same**

**Type of Debtor**  
 (Form of Organization)  
 (Check one box.)

- ☐ Individual (includes Joint Debtors)  
*See Exhibit D on page 2 of this form.*  
☒ Corporation (includes LLC and LLP)  
☐ Partnership  
☐ Other (If debtor is not one of the above entities,  
 check this box and state type of entity below.)

**Nature of Business**  
 (Check one box.)

- ☐ Health Care Business  
☐ Single Asset Real Estate as defined in  
 11 U.S.C. § 101(51B)  
☐ Railroad  
☐ Stockbroker  
☐ Commodity Broker  
☐ Clearing Bank  
☒ Other  
**Financial**

**Tax-Exempt Entity**  
 (Check box, if applicable.)

- ☐ Debtor is a tax-exempt organization  
 under Title 26 of the United States  
 Code (the Internal Revenue Code).

**Chapter of Bankruptcy Code Under Which  
 the Petition is Filed (Check one box.)**

- ☐ Chapter 7  
☐ Chapter 9  
☒ Chapter 11  
☐ Chapter 12  
☐ Chapter 13  
☐ Chapter 15 Petition for  
 Recognition of a Foreign  
 Main Proceeding  
☐ Chapter 15 Petition for  
 Recognition of a Foreign  
 Nonmain Proceeding

**Nature of Debts**  
 (Check one box.)

- ☐ Debts are primarily consumer  
 debts, defined in 11 U.S.C.  
 § 101(8) as "incurred by an  
 individual primarily for a  
 personal, family, or house-  
 hold purpose."  
☒ Debts are primarily  
 business debts.

**Filing Fee (Check one box.)**

- ☒ Full Filing Fee attached.  
☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach  
 signed application for the court's consideration certifying that the debtor is  
 unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  
☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must  
 attach signed application for the court's consideration. See Official Form 3B.

**Chapter 11 Debtors**

**Check one box:**

- ☒ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).  
☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

**Check if:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to  
 insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment  
 on 4/01/13 and every three years thereafter).

**Check all applicable boxes:**

- ☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes  
 of creditors, in accordance with 11 U.S.C. § 1126(b).

**Statistical/Administrative Information**

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.  
☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for  
 distribution to unsecured creditors.

**Estimated Number of Creditors**

- ☒ 1-49  
☐ 50-99  
☐ 100-199  
☐ 200-999  
☐ 1,000-  
 5,000  
☐ 5,001-  
 10,000  
☐ 10,001-  
 25,000  
☐ 25,001-  
 50,000  
☐ 50,001-  
 100,000  
☐ Over  
 100,000

**Estimated Assets**

- ☐ \$0 to  
 \$50,000  
☒ \$50,001 to  
 \$100,000  
☐ \$100,001 to  
 \$500,000  
☐ \$500,001  
 to \$1  
 million  
☐ \$1,000,001  
 to \$10  
 million  
☐ \$10,000,001  
 to \$50  
 million  
☐ \$50,000,001  
 to \$100  
 million  
☐ \$100,000,001  
 to \$500  
 million  
☐ \$500,000,001  
 to \$1 billion  
☐ More than  
 \$1 billion

**Estimated Liabilities**

- ☐ \$0 to  
 \$50,000  
☐ \$50,001 to  
 \$100,000  
☐ \$100,001 to  
 \$500,000  
☒ \$500,001  
 to \$1  
 million  
☐ \$1,000,001  
 to \$10  
 million  
☐ \$10,000,001  
 to \$50  
 million  
☐ \$50,000,001  
 to \$100  
 million  
☐ \$100,000,001  
 to \$500  
 million  
☐ \$500,000,001  
 to \$1 billion  
☐ More than  
 \$1 billion

THIS SPACE IS FOR  
 COURT USE ONLY

FILED  
 U.S. BANKRUPTCY COURT

2011 FEB -2 10 43 35

B1 (Official Form 1) (4/10)	
<b>Voluntary Petition</b> (This page must be completed and filed in every case.)	
Name of Debtor(s): <b>Republic Group, LLC</b>	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)	
Location Where Filed:	Case Number: Date Filed:
Location Where Filed:	Case Number: Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)	
Name of Debtor:	Case Number: Date Filed:
District: <b>Southern District of New York</b>	Relationship: Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  X _____ Signature of Attorney for Debtor(s) (Date)
<b>Exhibit C</b>  Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No.	
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.	
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.	
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord that obtained judgment)  _____ (Address of landlord)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).	

B1 (Official Form) 1 (4/10)

**Voluntary Petition**

(This page must be completed and filed in every case.)

Name of Debtor(s):  
Republic Group, LLC**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

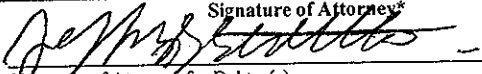
X \_\_\_\_\_  
Signature of Debtor

X \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (if not represented by attorney)

\_\_\_\_\_  
Date

**Signature of Attorney\***

X   
Signature of Attorney for Debtor(s)  
Jeffrey J. Estrella, Esq.

\_\_\_\_\_  
Printed Name of Attorney for Debtor(s)  
Law Offices of Jeffrey Estrella

\_\_\_\_\_  
Firm Name  
1162 East 103rd St., Suite 2000  
-Brooklyn, NY 11236

\_\_\_\_\_  
Address  
(347) 628-2391

\_\_\_\_\_  
Telephone Number  
01/28/2011

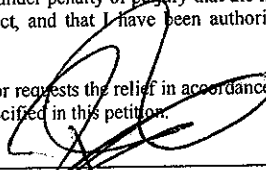
\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X   
Signature of Authorized Individual  
Rafael Martinez

\_\_\_\_\_  
Printed Name of Authorized Individual  
Sole Shareholder

\_\_\_\_\_  
Title of Authorized Individual  
01/28/2011

\_\_\_\_\_  
Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

\_\_\_\_\_  
Date

**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

*[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]*

## UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re Republic Group, LLC, ) Case No. \_\_\_\_\_  
Debtor )  
)  
) Chapter 11

### EXHIBIT "A" TO VOLUNTARY PETITION

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A.

2. The following financial data is the latest available information and refers to the debtor's condition on \_\_\_\_\_.

a. Total assets	\$	_____		
b. Total debts (including debts listed in 2.c., below)	\$	_____		
c. Debt securities held by more than 500 holders:		Approximate number of holders:		
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$	_____
secured <input type="checkbox"/>	unsecured <input type="checkbox"/>	subordinated <input type="checkbox"/>	\$	_____

d. Number of shares of preferred stock \_\_\_\_\_

e. Number of shares common stock \_\_\_\_\_

Comments, if any: \_\_\_\_\_

3. Brief description of debtor's business:

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor: \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
In Re: Republic Group, LLC  
:

Debtor.  
:

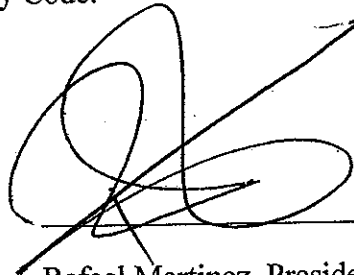
Chapter 11 Case No. \_\_\_\_\_  
-----X

**CORPORATE AUTHORIZATION PURSUANT TO LOCAL BANKRUPTCY RULE**  
**1074-1(a)**

Republic Group, LLC, undersigned debtor herein, pursuant to Local Bankruptcy Rules 1074-1(a) states as follows:

1. Debtor is a Limited Liability Corporation established under the laws of the State of New York on January 16, 2004. Debtor's Tax Identification Number is 83-0396188 and principle place of business is 260 West 36<sup>th</sup> Street, Suite 901, New York, NY 10018. Debtor's telephone number is (212) 629-4930.
2. Debtor has not undergone a corporate resolution. Debtor is solely owned by its sole shareholder, officer, and board member Mr. Rafael Martinez.
3. Mr. Rafael Martinez hereby authorizes the filing of the attached Voluntary Petition for debtor under Chapter 11 of the Bankruptcy Code.

Dated: January 31, 2011




Rafael Martinez, President and Shareholder  
Republic Group, LLC  
260 West 36<sup>th</sup> Street, Suite 901  
New York, NY 10018

State of New York

County of New York

Subscribed to and sworn before me this 31<sup>st</sup> day of JANUARY (month),  
2011 (year), by Rafael Martinez (name of signer)

  
NOTARY Jeffrey D. Sessa  
NOTARY public  
State of New York  
KINGS COUNTY  
NO. 02ES6219495  
Commission Expires 2/29/2014

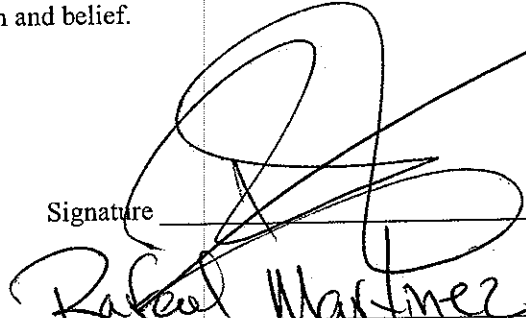
**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, [the president *or* other officer *or* an authorized agent of the corporation] [*or* a member *or* an authorized agent of the partnership] named as the debtor in this case, declare under penalty of perjury that I have read the foregoing [list *or* schedule *or* amendment *or* other document (describe)] and that it is true and correct to the best of my information and belief.

Date

1/28/11

Signature

  
Rafael Martinez President  
(Print Name and Title)

**State of New York } ss:  
Department of State**

I hereby certify, that REPUBLIC GROUP, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/16/2004, and that the Limited Liability Company is subsisting so far as shown by the records of the Department.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of May  
two thousand and four.*

A handwritten signature in black ink, appearing to read "R. A. DeS."

*Secretary of State*

Chapter 11 Case No. \_\_\_\_\_

- Republic Group, LLC, undersigned debtor herein, swears as follows:



- g. Home Depot, P.O. Box 9058, Gray, TN 37615, Amount of Claim: \$7,500.00. Debt is disputed.

5. Debtor has the following secured creditors:

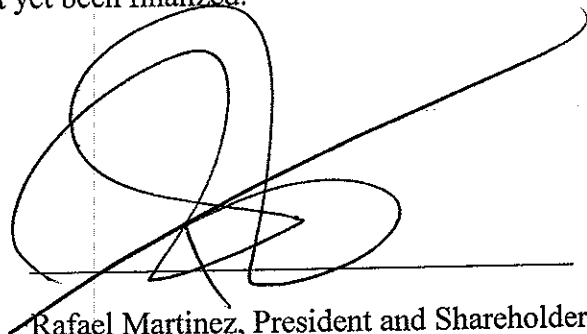
- a. TD Bank NA C/O COHN LIFLAND PEARLMAN HERRMANN & KNOPF LLP, 250 Pehle Avenue – Suite 401, Saddle Brook, NJ 07663, Amount of the Claim: \$100,000.00 Corporation Loan Judgment No.: J-171123-10. Debt is disputed. Debt is collateralized by personal guarantee of debtor's sole shareholder and President Rafael Martinez and co-signatories.
- b. 260 West 36 Associates, LLC, 260 West 36<sup>th</sup> Street, 5<sup>th</sup> Floor, New York, NY 10018, Amount of the Claim: \$40,000 Back Rent. Debt is disputed. Debt is collateralized by its leasehold interest as commercial tenant in the rental property of 260 West 36<sup>th</sup> Street, RM 901, New York, NY 10018 and personal guarantee of debtor's sole shareholder and President Rafael Martinez.
- c. PNC Bank NA C/O OSTROWITZ & OSTROWITZ, 225 Gordons Corner Road, Manalapan, NJ 07726, Amount of the Claim: \$125,000 Corporate Loan. Debt is disputed. Debt is collateralized by personal guarantee of debtor's sole shareholder and President Rafael Martinez.
- d. Paran Realty C/O HOWARD W. BURNS, JR., 170 Broadway, Suite 609, New York, NY 10038, Amount of the Claim: \$563,990.29 Corporate Loan. Debt is disputed. Debt is collateralized by personal guarantee of debtor's sole shareholder and President Rafael Martinez.

- 6. Debtor's assets are solely limited to equipment and furniture. Debtor's liabilities constitute the debts stated above.
- 7. Debtor is not a publicly held corporation.
- 8. Debtor has no property in the possession or custody of any custodian, public officer, mortgagee, pledgee, assignee of rents, or secured creditor, or agent for any such entity.
- 9. Debtor's sole leasehold interest is in the property located at 260 West 36<sup>th</sup> St., RM 901, New York, NY 10018. Debtor has no other interests in any other premises for the operation of debtor's business.
- 10. Debtor's substantial assets, books, and records are located at 260 West 36<sup>th</sup> St., RM 901, New York, NY 10018. Debtor has no assets outside the territorial limits of the United States.
- 11. Debtor has been threatened with legal action by the following secured creditors of debtor: 260 West 36 Associates, LLC, 260 West 36<sup>th</sup> Street, 5<sup>th</sup> Floor, New York, NY 10018, TD Bank NA C/O COHN LIFLAND PEARLMAN HERRMANN & KNOPF LLP, 250

Pehle Avenue – Suite 401, Saddle Brook, NJ 07663, PNC Bank NA C/O OSTROWITZ & OSTROWITZ, 225 Gordons Corner Road, Manalapan, NJ 07726, and Paran Realty C/O HOWARD W. BURNS, JR., 170 Broadway, Suite 609, New York, NY 10038. Creditor 260 West 36 Associates, LLC has a pending nonpayment proceeding against debtor. Creditors TD Bank NA C/O COHN LIFLAND PEARLMAN HERRMANN & KNOFF LLP and PNC Bank NA C/O OSTROWITZ & OSTROWITZ, 225 Gordons Corner Road, Manalapan, NJ 07726 have obtained civil judgments against debtor for the amounts due.

12. Debtor's sole existing senior management is its sole shareholder and President Rafael Martinez. Mr. Martinez has assumed these roles since 2005. Mr. Martinez is also acting Chief Executive Officer and solely responsible for the day-to-day management of debtor.
13. Debtor does expect to continue operating its business. The estimated amount of the weekly payroll to employees for the 30 day period following the filing of the chapter 11 petition is approximately \$1,700.00. The estimated amount to be paid or proposed to be paid for services for the 30 day period following the filing of the chapter 11 petition to officers, stockholders, and directors is approximately \$3,000.00.
14. Debtor's schedule, for the 30 day period following the filing of the chapter 11 petition, of estimated cash receipts and disbursements, net cash gain or loss, obligations and receivables expected to accrue but remain unpaid, other than professional fees, and any other information relevant to an understanding of the foregoing are at this point uncertain and dependent upon contracts that have not yet been finalized.

Dated: January 31, 2011



Rafael Martinez, President and Shareholder  
Republic Group, LLC  
260 West 36<sup>th</sup> Street, Suite 901  
New York, NY 10018

State of New York

County of New York

Subscribed to and sworn before me this 31<sup>ST</sup> day of January (month),  
2011 (year), by RAFAEL MARTINEZ (name of signer)

  
NOTARY

JEREMY ROSE Esqarella  
Notary Public  
State of New York  
Mingos County  
MD. 07. 6219795

My commission expires 3/29/2014

## UNITED STATES BANKRUPTCY COURT

Southern District of New York

In re Republic Group, LLC,  
Debtor

Case No. \_\_\_\_\_

Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address, including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
See ATTACHED LIST				

Date: \_\_\_\_\_

\_\_\_\_\_  
Debtor

[Declaration as in Form 2]

## **Creditors' Matrix for Republic Group, LLC**

### **Unsecured Creditors**

1. Capital One Credit Card, P.O. Box 30285, Salt Lake City, UT 84130, Amount of Claim: \$7,500.00. Debt is disputed.
2. West 37<sup>th</sup> Garage, 417 West 37<sup>th</sup> St., New York, NY 10018, Amount of Claim: \$825.00, Debt is disputed.
3. Pitney Bowes, 1 Elmcroft Road, Stamford, CT 06926, Amount of Claim: \$2,300.00. Debt is disputed.
4. JP Morgan Chase, P.O. Box 36520, Louisville, KY 40233, Amount of Claim: \$1,700.00. Debt is disputed.
5. Home Depot, P.O. Box 9058, Gray, TN 37615, Amount of Claim: \$12,000.00. Debt is disputed.
6. Home Depot, P.O. Box 9058, Gray, TN 37615, Amount of Claim: \$15,000.00. Debt is disputed.
7. Home Depot, P.O. Box 9058, Gray, TN 37615, Amount of Claim: \$7,500.00. Debt is disputed.

### **Secured Creditors**

1. TD Bank NA C/O COHN LIFLAND PEARLMAN HERRMANN & KNOPF LLP, 250 Pehle Avenue -- Suite 401, Saddle Brook, NJ 07663.
2. 260 West 36 Associates, LLC, 260 West 36<sup>th</sup> Street, 5<sup>th</sup> Floor, New York, NY 10018.
3. PNC Bank NA C/O OSTROWITZ & OSTROWITZ, 225 Gordons Corner Road, Manalapan, NJ 07726.
4. Paran Realty C/O HOWARD W. BURNS, JR., 170 Broadway, Suite 609, New York, NY 10038.

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
In Re: Republic Group, LLC

Debtor.  
-----X

Chapter 11 Case No. \_\_\_\_\_

**STATEMENT OF CORPORATE OWNERSHIP**

Comes now Republic Group, LLC (the "Debtor") and pursuant to Fed. R. Bankr. P. 1007(a) and 7007.1 state as follows:

1. There are no corporations that directly or indirectly own 10% or more of any class of the Debtor's equity interests.

Dated: January 31, 2011

By: 

Rafael Martinez, President and Shareholder  
Republic Group, LLC  
260 West 36<sup>th</sup> Street, Suite 901  
New York, NY 10018

State of New York

County of New York

Subscribed to and sworn before me this 31<sup>st</sup> day of JANUARY (month),  
2011 (year), by Rafael Martinez (name of signer)

  
NOTARY

Jeffrey Jose Esrella  
NOTARY public  
State of New York  
King County  
No. 02ES6219795  
My commission expires: 3/29/2014

3:03 PM  
01/28/11  
Accrual Basis

Republic Group, LLC  
**Balance Sheet**  
As of January 28, 2011

	Jan 28, 11
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
Credit Card Account	-202.38
1000 · CHASE	-75,363.11
Total Checking/Savings	-75,565.49
Other Current Assets	
1506 · Due to VMC event	-362.00
1515 · Offset Bank Account	-1,707.72
Total Other Current Assets	-2,069.72
Total Current Assets	-77,635.21
Other Assets	
1060 · Due from/to New Edge Capital	100.00
1505 · Loan to/from Vision Meida	-179,987.00
Total Other Assets	-179,887.00
<b>TOTAL ASSETS</b>	<b>-257,522.21</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 · Accounts Payable	804,945.51
Total Accounts Payable	804,945.51
Other Current Liabilities	
24000 · Payroll Liabilities	81,702.87
2570 · Obie McKenzie Loan Liability	-1,650.00
Total Other Current Liabilities	80,052.87
Total Current Liabilities	884,998.38
Long Term Liabilities	
Carlos Estevez	55,400.00
Total Long Term Liabilities	55,400.00
Total Liabilities	940,398.38
Equity	
1110 · Retained Earnings	-1,364,390.43
1520 · Capital Stock	148,156.46
3000 · Opening Bal Equity	18,313.38
Total Equity	-1,197,920.59
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>-257,522.21</b>

## Financial Statement

Statement of Operations  
 Republic Group, LLC.  
 260 West 36<sup>th</sup> Street  
 New York, NY 10018  
 12 Months Ended  
 December 31, 2010

	Current Month	Y.T.D. Actual	Annual Budget	(Under)/Over Budget
REVENUES	-----	-----	-----	-----
Commissions	0.00	159,500.00	352,500.00	(193,000.00)
	<hr/>	<hr/>	<hr/>	<hr/>
Total Revenues	0.00	159,500.00	352,500.00	(193,000.00)
EXPENSES				
Salaries	0.00	52,385.35	153,000.00	(100,615.35)
Overhead/ Loans	27,300.00	303,158.21	105,000.00	198,158.21
	<hr/>	<hr/>	<hr/>	<hr/>
Total Expenses	27,300.00	355,543.56	258,000.00	97,543.56
NET FROM CURRENT OPERATIONS	(27,300.00)	(257,522.21)	94,500.00	(163,022.21)

3:05 PM

01/28/11

**Republic Group, LLC**  
**Statement of Cash Flows**  
January through December 2010

	<u>Jan - Dec 10</u>
<b>OPERATING ACTIVITIES</b>	
Net Income	-1,056,572.19
Adjustments to reconcile Net Income to net cash provided by operations:	
1506 · Due to VMC event	362.00
2000 · Accounts Payable	804,092.40
24000 · Payroll Liabilities	42,372.25
2570 · Obie Mckenzie Loan Liability	-1,650.00
Net cash provided by Operating Activities	-211,395.54
<b>INVESTING ACTIVITIES</b>	
1060 · Due from/to New Edge Capital	-100.00
1505 · Loan to/from Vision Meida	134,612.00
Net cash provided by Investing Activities	134,512.00
Net cash Increase for period	-76,883.54
Cash at beginning of period	1,318.05
Cash at end of period	<u>-75,565.49</u>



# U.S. Return of Partnership Income

OMB No. 1545-0099

**2009**

For calendar year 2009, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**EXTENSION GRANTED TO 09/15/10**

<b>A</b> Principal business activity <b>REAL ESTATE INVESTMENTS</b> <b>B</b> Principal product or service <b>RECEIVABLES FINANCING</b> <b>C</b> Business code number <b>531390</b>	Use the IRS label. Otherwise, print or type.	Name of partnership <b>REPUBLIC GROUP, LLC</b> Number, street, and room or suite no. If a P.O. box, see the instructions. <b>260 WEST 36TH STREET, SUITE 901</b> City or town, state, and ZIP code <b>NEW YORK NY 10018</b>	<b>D</b> Employer identification number <b>83-0396188</b> <b>E</b> Date business started <b>01/16/2004</b> <b>F</b> Total assets <b>\$ 481,588.</b>
---	--	--	--

**G** Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (5) ☐ Amended return (6) ☐ Technical termination - also check (1) or (2)

**H** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) \_\_\_\_\_

**I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year **2**

**J** Check if Schedules C and M-3 are attached ☐

**Caution.** Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	1 a Gross receipts or sales	1a	281,505.	1c	281,505.
	b Less returns and allowances	1b			
	2 Cost of goods sold (Schedule A, line 8)	2			
	3 Gross profit. Subtract line 2 from line 1c	3			281,505.
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4			
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5			
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6			
	7 Other income (loss) (attach statement)	7			
8 Total income (loss). Combine lines 3 through 7	8				281,505.
<b>Deductions (see the instructions for limitations)</b>	9 Salaries and wages (other than to partners) (less employment credits)	9			105,416.
	10 Guaranteed payments to partners	10			
	11 Repairs and maintenance	11			13,586.
	12 Bad debts	12			
	13 Rent	13			5,833.
	14 Taxes and licenses	14			10,663.
	15 Interest	15			61,055.
	16 a Depreciation (if required, attach Form 4562)	16a			
	b Less depreciation reported on Schedule A and elsewhere on return	16b			
	17 Depletion (Do not deduct oil and gas depletion.)	17			
	18 Retirement plans, etc.	18			
	19 Employee benefit programs	19			
	20 Other deductions (attach statement)	20			78,201.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21			
22 Ordinary business income (loss). Subtract line 21 from line 8	22				6,751.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. Signature of general partner or limited liability company member manager _____ Date _____	May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Paid Preparer's Use Only</b>	Preparer's signature _____ Date _____ Firm's name (or yours if self-employed), address, and ZIP code <b>SANSIVERI, LONG &amp; CO., L.L.C.</b> <b>1135 CLIFTON AVENUE SUITE 101</b> <b>CLIFTON, NJ 07013</b>	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <b>P00009773</b> EIN <b>22-3769808</b> Phone no. <b>(973) 472-1817</b>

CLIENT'S COPY



	Yes	No
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details		<b>X</b>
6 Does the partnership satisfy <b>all four</b> of the following conditions? a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$ 1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.		<b>X</b>
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?		<b>X</b>
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		<b>X</b>
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		<b>X</b>
10 At any time during calendar year 2009, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country. ▶		<b>X</b>
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		<b>X</b>
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		<b>X</b>
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<b>X</b>
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		<b>X</b>
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than entities wholly-owned by the partnership throughout the tax year) ▶ <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		<b>X</b>
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶		<b>X</b>
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		

**Designation of Tax Matters Partner** (see instructions)

Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP ▶	Identifying number of TMP ▶
If the TMP is an entity, name of TMP representative ▶	Phone number of TMP ▶
Address of designated TMP ▶	

Form **1065** (2009)

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	6,751.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
Deductions	9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss)	9b	
	c Unrecaptured section 1250 gain (attach statement)	9c	
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ▶	11	
	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d Other deductions (see instructions) Type ▶	13d	
	Self-Employment	14 a Net earnings (loss) from self-employment	14a
b Gross farming or fishing income		14b	
c Gross nonfarm income		14c	
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶	16a	
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
	m Reduction in taxes available for credit (attach statement)	16m	
Alternative Minimum Tax (AMT) Items	n Other foreign tax information (attach statement)		
	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
Other Information	f Other AMT items (attach statement)	17f	
	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	6,349.
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement)		

**Analysis of Net Income (Loss)**

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	6,751.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other	
a General partners							
b Limited partners			6,751.				

**Schedule L Balance Sheets per Books**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		916.		1,318.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7 Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 4	419,870.		480,270.
14 Total assets		420,786.		481,588.
<b>Liabilities and Capital</b>				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)	STATEMENT 5	496,430.		556,830.
21 Partners' capital accounts		<75,644.>		<75,242.>
22 Total liabilities and capital		420,786.		481,588.

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

1 Net income (loss) per books	402.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$ 6,349.		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	6,751.
5 Add lines 1 through 4	6,751.		

**Schedule M-2 Analysis of Partners' Capital Accounts**

1 Balance at beginning of year	<75,644.>	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	402.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	<75,242.>
5 Add lines 1 through 4	<75,242.>		

**SCHEDULE B-1  
(Form 1065)**(December 2009)  
Department of the Treasury  
Internal Revenue Service**Information on Partners Owning 50% or  
More of the Partnership**

▶ Attach to Form 1065. See instructions.

OMB No. 1545-0099

Name of partnership

Employer identification number

**REPUBLIC GROUP, LLC****83-0396188****Part I Entities Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

**Part II Individuals or Estates Owning 50% or More of the Partnership** (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
<b>RAFAEL MARTINEZ</b>	<b>091-58-9756</b>	<b>UNITED STATES</b>	<b>95.00</b>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (12-2009)

FORM 1065	TAX EXPENSE	STATEMENT	1
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DESCRIPTION	AMOUNT
PAYROLL TAXES	10,663.
TOTAL TO FORM 1065, LINE 14	10,663.

FORM 1065	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
BANK SERVICE CHARGES	1,520.
INSURANCE	5,842.
MEALS AND ENTERTAINMENT	6,350.
OFFICE EXPENSE	16,260.
PROFESSIONAL FEES	36,341.
SUNDRY	8,563.
TRAVEL	2,249.
UTILITIES	1,076.
TOTAL TO FORM 1065, LINE 20	78,201.

SCHEDULE K	NONDEDUCTIBLE EXPENSE	STATEMENT	3
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DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	6,349.
TOTAL TO SCHEDULE K, LINE 18C	6,349.

SCHEDULE L	OTHER ASSETS	STATEMENT	4
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DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE FROM PARTNERS	419,870.	480,270.
TOTAL TO SCHEDULE L, LINE 13	419,870.	480,270.

SCHEDULE L	OTHER LIABILITIES	STATEMENT	5
------------	-------------------	-----------	---

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LOANS - OTHERS	496,430.	556,830.
TOTAL TO SCHEDULE L, LINE 20	496,430.	556,830.

FORM 1065	PARTNERS' CAPITAL ACCOUNT SUMMARY	STATEMENT	6
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PARTNER NUMBER	BEGINNING CAPITAL	CAPITAL CONTRIBUTED	SCHEDULE M-2 LNS 3, 4 & 7	WITH- DRAWALS	ENDING CAPITAL
1	<71,862.>		381.		<71,481.>
2	<3,782.>		21.		<3,761.>
TOTAL	<75,644.>		402.		<75,242.>



Schedule K-1  
(Form 1065)

2009

For calendar year 2009, or tax

Department of the Treasury  
Internal Revenue Service

year beginning \_\_\_\_\_

ending \_\_\_\_\_

**Partner's Share of Income, Deductions,  
Credits, etc.**

▶ See separate instructions.

**Part I Information About the Partnership**

A Partnership's employer identification number

83-0396188

B Partnership's name, address, city, state, and ZIP code

REPUBLIC GROUP, LLC  
260 WEST 36TH STREET, SUITE 901  
NEW YORK, NY 10018

C IRS Center where partnership filed return

CINCINNATI, OH

D ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner**

E Partner's identifying number

091-58-9756

F Partner's name, address, city, state, and ZIP code

RAFAEL MARTINEZ  
300 HOPPER COURT  
FRANKLIN LAKES, NJ 07417G ☐ General partner or LLC

member-manager

☒ Limited partner or other LLC

member

H ☒ Domestic partner☐ Foreign partnerI What type of entity is this partner? **INDIVIDUAL**

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	95.0000000%	95.0000000%
Loss	95.0000000%	95.0000000%
Capital	95.0000000%	95.0000000%

K Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

L Partner's capital account analysis:

Beginning capital account	\$	<71,862.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	381.
Withdrawals & distributions	\$(	
Ending capital account	\$	<71,481.

☒ Tax basis☐ GAAP☐ Section 704(b) book☐ Other (explain)

M Did the partner contribute property with a built-in gain or loss?

☐ Yes☒ No

If "Yes", attach statement (see instructions)

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income,  
Deductions, Credits, and Other Items**

1 Ordinary business income (loss)

6,413.

15 Credits

2 Net rental real estate income (loss)

16 Foreign transactions

3 Other net rental income (loss)

4 Guaranteed payments

5 Interest income

6a Ordinary dividends

17 Alternative min tax (AMT) items

6b Qualified dividends

7 Royalties

8 Net short-term capital gain (loss)

18 Tax-exempt income and  
nondeductible expenses

C\* 6,032.

9a Net long-term capital gain (loss)

9b Collectibles (28%) gain (loss)

19 Distributions

9c Unrecaptured sec 1250 gain

20 Other information

10 Net section 1231 gain (loss)

11 Other income (loss)

12 Section 179 deduction

13 Other deductions

14 Self-employment earnings (loss)

A 0.

\*See attached statement for additional information.

For IRS Use Only

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SCHEDULE K-1                      NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

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DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	6,032.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		6,032.

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Schedule K-1  
(Form 1065)

2009

For calendar year 2009, or tax

Department of the Treasury  
Internal Revenue Service

year beginning \_\_\_\_\_

ending \_\_\_\_\_

**Partner's Share of Income, Deductions, Credits, etc.**

▶ See separate instructions.

**Part I Information About the Partnership****A** Partnership's employer identification number  
83-0396188**B** Partnership's name, address, city, state, and ZIP codeREPUBLIC GROUP, LLC  
260 WEST 36TH STREET, SUITE 901  
NEW YORK, NY 10018**C** IRS Center where partnership filed return  
CINCINNATI, OH**D** ☐ Check if this is a publicly traded partnership (PTP)**Part II Information About the Partner****E** Partner's identifying number  
263-81-0455**F** Partner's name, address, city, state, and ZIP codeINA SAMUELS MARTINEZ  
300 HOPPER COURT  
FRANKLIN LAKES, NJ 07417**G** ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member**H** ☒ Domestic partner ☐ Foreign partner**I** What type of entity is this partner? INDIVIDUAL**J** Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	5.0000000%	5.0000000%
Loss	5.0000000%	5.0000000%
Capital	5.0000000%	5.0000000%

**K** Partner's share of liabilities at year end:

Nonrecourse	\$	
Qualified nonrecourse financing	\$	
Recourse	\$	0.

**L** Partner's capital account analysis:

Beginning capital account	\$	<3,782.
Capital contributed during the year	\$	
Current year increase (decrease)	\$	21.
Withdrawals & distributions	\$	
Ending capital account	\$	<3,761.

☒ Tax basis ☐ GAAP ☐ Section 704(b) book  
☐ Other (explain) \_\_\_\_\_
**M** Did the partner contribute property with a built-in gain or loss?☐ Yes ☒ No

If "Yes", attach statement (see instructions)

☐ Final K-1☐ Amended K-1

OMB No. 1545-0099

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

<b>1</b> Ordinary business income (loss)	<b>15</b> Credits
338.	
<b>2</b> Net rental real estate income (loss)	<b>16</b> Foreign transactions
<b>3</b> Other net rental income (loss)	
<b>4</b> Guaranteed payments	
<b>5</b> Interest income	
<b>6a</b> Ordinary dividends	<b>17</b> Alternative min tax (AMT) items
<b>6b</b> Qualified dividends	
<b>7</b> Royalties	<b>18</b> Tax-exempt income and nondeductible expenses
<b>8</b> Net short-term capital gain (loss)	C* 317.
<b>9a</b> Net long-term capital gain (loss)	
<b>9b</b> Collectibles (28%) gain (loss)	<b>19</b> Distributions
<b>9c</b> Unrecaptured sec 1250 gain	
<b>10</b> Net section 1231 gain (loss)	<b>20</b> Other information
<b>11</b> Other income (loss)	
<b>12</b> Section 179 deduction	
<b>13</b> Other deductions	
<b>14</b> Self-employment earnings (loss)	
A 0.	

\*See attached statement for additional information.

For IRS Use Only

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**SCHEDULE K-1                      NONDEDUCTIBLE EXPENSES, BOX 18, CODE C**

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<u>DESCRIPTION</u>	<u>PARTNER FILING INSTRUCTIONS</u>	<u>AMOUNT</u>
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	317.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		317.

# 2009 TAX RETURN FILING INSTRUCTIONS

LLC/LLP FILING FEE FORM IT-204-LL

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	REPUBLIC GROUP, LLC 260 WEST 36TH STREET, SUITE 901 NEW YORK, NY 10018
Prepared by	SANSIVERI, LONG & CO., L.L.C. 1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	BALANCE DUE \$26.00
Mail tax return to	STATE PROCESSING CENTER PO BOX 22076 ALBANY, NY 12201-2076
Forms to be distributed to partners	NONE
Return must be mailed on or before	OCTOBER 31, 2010
Special instructions	MAKE CHECK PAYABLE TO NYS FILING FEE.  INCLUDE THE EMPLOYER IDENTIFICATION NUMBER, AND THE WORDS "2009 FILING FEE" ON THE CHECK.

CLIENT'S COPY

2009

# Partnership, Limited Liability Company, and Limited Liability Partnership Filing Fee Payment Form

For calendar year 2009 or fiscal year  
beginning

and ending

Legal name

REPUBLIC GROUP, LLC

Trade name of business if different from legal name above

Address (number and street or rural route)

260 WEST 36TH STREET, SUITE 901

City, village, or post office

NEW YORK

Principal business activity

REAL ESTATE INVESTMENTS

Employer identification number (EIN)

83-0396188

Change of business information

☐ Mark X here if you have changed your mailing  
address and have not previously notified us (see inst)

Date business started 01-16-2004

Contact person's telephone number

Enter your 2-digit special condition

code if applicable (see instructions)..... •

Print or type

Mark an X in the box identifying the entity for which you are filing this form (mark only one box):

☐ Regular partnership ☒ Limited liability company (LLC) or limited liability partnership (LLP)
**Part 1 - General information (mark an X in the appropriate box)****\*BALANCE DUE****26.**1 Did this entity have any income, gain, loss, or deduction derived from New York sources during  
the tax year? .....Yes ☒ No ☐

2 Did this entity have an interest in real property in New York State during the last three years? .....

Yes ☐ No ☐

3 Has there been a transfer or acquisition of the controlling interest in the entity during the last three years? .....

Yes ☐ No ☐

If you answered No to question 1, stop; you do not owe a fee. Do not file this form.

**Part 2 - Partnerships, and LLCs and LLPs treated as partnerships for federal income tax purposes**4 Enter the amount from line 15, column B, of the New York source gross income worksheet in  
the instructions .....

4. 0.

5 NYS filing fee - Enter the amount from the appropriate filing fee table in the instructions .....

5. 25.

Make check or money order for the line 5 amount payable to NYS filing fee; write your  
EIN and 2009 filing fee on the remittance and staple it to the top of this form.**\*INT 1.****Part 3 - LLCs that are disregarded entities for federal income tax purposes**

6 LLC disregarded entity: Enter the identification number (EIN or SSN)

of the entity or individual who will be reporting the income or loss .....

6.

7 LLC disregarded entity NYS filing fee - Enter 25 on this line .....

7.

Make check or money order for \$25 payable to NYS filing fee; write your EIN or SSN  
and 2009 filing fee on the remittance and staple it to the top of this form.

Certification: I certify that all information contained on this form is true and correct to the best of my knowledge and belief.

▼ Paid preparer must complete (see instructions) ▼

Date:

SSN or PTIN:

P00009773

Employer identification number

22-3769808

Mark an X if  
self-employed ☐

▼ Sign here ▼

Signature of general partner

Date

Telephone number

E-mail:

Preparer's signature

Firm's name (or yours, if self-employed)

SANSIVERI, LONG &amp; CO., L.L.C.

Address

1135 CLIFTON AVENUE SUITE 101  
CLIFTON, NJ 07013

E-mail:

File this form with payment within 30 days after the last day of the tax year (see instructions).

Mail to: STATE PROCESSING CENTER, PO BOX 22076, ALBANY NY 12201-2076.

For private delivery services, see instructions.

2401091019



CLIENT'S COPY

# 2009 TAX RETURN FILING INSTRUCTIONS

NEW YORK CITY FORM NYC-204-EZ

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	REPUBLIC GROUP, LLC 260 WEST 36TH STREET, SUITE 901 NEW YORK, NY 10018
Prepared by	SANSIVERI, LONG & CO., L.L.C. 1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	NOT APPLICABLE
Mail tax return to	NYC DEPARTMENT OF FINANCE P.O. BOX 5060 KINGSTON, NY 12402-5060
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE MEMBERS.
Return must be mailed on or before	OCTOBER 15, 2010
Special Instructions	

**NYC UNINCORPORATED BUSINESS TAX RETURN**  
**2009**  
**FOR PARTNERSHIPS (INCLUDING LIMITED LIABILITY COMPANIES)**

2009

For CALENDAR YEAR 2009 or FISCAL YEAR beginning \_\_\_\_\_, and ending \_\_\_\_\_

Entity Type: • ☐ general partnership • ☐ registered limited liability partnership • ☐ limited partnership • ☒ limited liability company

- ☐ Amended return • ☐ Final return - Check this box if you have ceased operations.
- ☐ Check box if you are engaged in an exempt unincorporated business activity
- ☐ Check box if you claim any 9/11/01-related federal tax benefits (see inst.)

Date business began in NYC: 01-16-04 Date business ended in NYC: (if applicable): \_\_\_\_\_  
MM-DD-YY  
IF BUSINESS TERMINATED DURING THE YEAR, ATTACH A STATEMENT SHOWING THE DISPOSITION OF BUSINESS PROPERTY

Name <b>REPUBLIC GROUP, LLC</b>		EMPLOYER IDENTIFICATION NUMBER <b>83-0396188</b>	
Address (number and street) <b>260 WEST 36TH STREET, SUITE 901</b>		BUSINESS CODE NUMBER AS PER FEDERAL RETURN <b>531390</b>	
City and State <b>NEW YORK</b>	ZIP Code <b>NY 10018</b>		
Business Telephone Number	Nature of Business		

This form is for certain partnerships, including limited liability companies treated as partnerships for federal income tax purposes, who are required to file an Unincorporated Business Tax Return but have no tax liability. For taxable years beginning on or after January 1, 1997, a partnership engaged in an unincorporated business is required to file an Unincorporated Business Tax return if its unincorporated business gross income is more than \$95,000. This form may also be used by a partnership that is not required to file but wishes to disclaim any liability for tax because it is engaged solely in activities exempt from the tax.

**You may not use this form if:**

- You have NYC modifications other than the addback of income and Unincorporated Business Taxes on Schedule B, line 13 of Form NYC-204. For a complete list of modifications, see instructions for Form NYC-204.
- You allocate total business income within and without NYC. (If you allocate 100% of your business income to NYC, you may use this form.)
- You claim a credit for Unincorporated Business Tax Paid (See Form NYC-114.7) or other credits (see Forms NYC-114.5, NYC-114.6, NYC-114.8 or NYC-114.9).
- You claim a partial exemption for investment activities. (See instructions to Form NYC-204 "Who is Subject to the Tax".)
- You have any investment income. (See instructions for Form NYC-204, Schedule D.)
- You claim any deduction for a net operating loss. (See Form NYC-204, Schedule A, line 11.)
- Your unincorporated business gross income less the allowance for active partners' services is more than \$90,000. (See Form NYC-204, Schedule A, line 14.)

1. Amount from Analysis of Net Income (Loss) from federal Form 1065, Schedule K, line 1 ..... ● 1. 6751.
2. Other income and expenses not included on line 1 that are required to be reported separately to partners (attach schedule and see instructions) ..... ● 2. \_\_\_\_\_
3. Income taxes and Unincorporated Business Tax deducted on federal Form 1065 (attach list and see instructions) ..... ● 3. \_\_\_\_\_
4. Total Income (add lines 1 through 3) ..... ● 4. 6751.
5. Amount included in line 4 representing net income or loss from activities exempt from the tax (see instr.) ..... ● 5. \_\_\_\_\_
6. Subtract any net income on line 5 from, or add any net loss on line 5 to, line 4 amount ..... ● 6. 6751.
7. Allowance for active partners' services (see instructions) Number of active partners: ● # 2. ..... ● 7. 1350.
8. Line 6 minus line 7 ..... ● 8. 5401.
9. Enter the number of months in business in NYC during the tax year ..... ● 9. 12.
10. Enter the maximum total allowed income from table on page 2 based on the number of months on line 9. If the amount on line 8 exceeds the amount on line 10 by more than \$100 you cannot use this form; - you must file on Form NYC-204 ..... ● 10. 90000.
11. Enter payment of estimated Unincorporated Business Tax including carryover credit from previous year and payment with extension, NYC-EXT. This amount is your overpayment ..... ● 11. \_\_\_\_\_
12. Amount of line 11 to be refunded ..... ● 12. \_\_\_\_\_
13. Amount of line 11 to be credited to 2010 estimated tax on form NYC-5UB ..... ● 13. \_\_\_\_\_
14. NYC rent deducted on Federal return ..... ● 14. 5833.

I hereby certify that this return, including any accompanying rider, is, to the best of my knowledge and belief, true, correct and complete. I authorize the Dept. of Finance to discuss this return with the preparer listed below. (see instructions) ..... YES X

<b>CERTIFICATION</b>	SIGN HERE: Signature of partner: _____ Title _____ Date _____	Preparer's Social Security Number or PTIN ● <u>P00009773</u>
	PREPARER'S USE ONLY: Preparer's signature: _____ Preparer's printed name: <u>ADAM S. LONG, CPA</u> Date _____	Firm's Employer Identification Number ● <u>22-3769808</u>
	<b>SANSIVERI, LONG &amp; CO., L.L.C.</b> <b>1135 CLIFTON AVENUE SUITE 101</b> <b>CLIFTON, NJ 07013</b>	
	Check if self-employed: _____ Firm's name Address ZIP Code	



REPUBLIC GROUP, LLC

83-0396188

## ADDITIONAL REQUIRED INFORMATION

The following information must be entered for this return to be complete.

1. Did you file a NYC Partnership Return in 2007? ☒ YES ☐ NO
2. Did you file a NYC Partnership Return in 2008? ☒ YES ☐ NO
3. Has the Internal Revenue Service or the New York State Department of Taxation and Finance increased or decreased any taxable income (loss) reported in any tax period, or are you currently being audited? ☐ YES ☒ NO  
If "yes," by whom? Internal Revenue Service ☐ New York State Department of Taxation and Finance ☐  
State periods: \_\_\_\_\_ and answer (4).
4. Has Form(s) NYC-115 (Tax Report of Change in Taxable Income Made by IRS or New York State) been filed? ☐ YES ☒ NO
5. At any time during the taxable year, did the partnership have an interest in real property located in NYC or in an entity owning such real property? ☐ YES ☒ NO
6. If "YES" to 5:
  - a) Was there a partial or complete liquidation of the partnership? ☐ YES ☐ NO
  - b) Was 50% or more of the partnership interests transferred in the last 3 years or according to a plan? ☐ YES ☐ NO
7. If "YES" to 6a or 6b, was a Real Property Transfer Tax Return filed? ☐ YES ☐ NO
8. If "NO" to 7, explain: (attach additional sheet if necessary) \_\_\_\_\_



## MAILING INSTRUCTIONS

## RETURNS CLAIMING REFUNDS

NYC DEPT. OF FINANCE  
UNINCORPORATED BUSINESS TAX  
P.O. BOX 5050  
KINGSTON, NY 12402-5050

## ALL OTHER RETURNS

NYC DEPT. OF FINANCE  
UNINCORPORATED BUSINESS TAX  
P.O. BOX 5060  
KINGSTON, NY 12402-5060

The due date for calendar year 2009 is on or before April 15, 2010.  
For fiscal years beginning in 2009 file by the 15th day of the fourth month following the close of the fiscal year.

To receive proper credit, you must enter your correct Employer Identification Number on your tax return.

# NYC Schedule C - Partnership Information

Partnership Name **REPUBLIC GROUP, LLC**

Partnership I.D. Number **83-0396188**

		Name and Address			
Partner		<b>RAFAEL MARTINEZ</b>			
Number	Interest %	<b>300 HOPPER COURT</b>			
<b>1</b>	<b>95.0000000%</b>	<b>FRANKLIN LAKES, NJ 07417</b>			
General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
	<b>X</b>	<b>091-58-9756</b>		<b>6,413.</b>	<b>94.993334%</b>

		Name and Address			
Partner		<b>INA SAMUELS MARTINEZ</b>			
Number	Interest %	<b>300 HOPPER COURT</b>			
<b>2</b>	<b>5.0000000%</b>	<b>FRANKLIN LAKES, NJ 07417</b>			
General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.
	<b>X</b>	<b>263-81-0455</b>		<b>338.</b>	<b>5.006666%</b>

		Name and Address			
Partner					
Number	Interest %				
General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.

		Name and Address			
Partner					
Number	Interest %				
General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.

		Name and Address			
Partner					
Number	Interest %				
General Partner	Limited	Partner's Identification Number	Percentage of Time Devoted to Business	Partner's Distributive Share	Partner's Distributive Pct.

**NEW YORK CITY  
SCHEDULE K-1  
EQUIVALENT**

**Partner's New York City Information**

For Calendar Year 2009 or Fiscal Year

**2009**

Beginning \_\_\_\_\_, 2009; and Ending \_\_\_\_\_

Partner's Name, Address and ZIP Code

**RAFAEL MARTINEZ  
300 HOPPER COURT  
FRANKLIN LAKES, NJ 07417**

Partner Number 1

Resident ☐ Nonresident ☒  
Amended Schedule K-1 ☐ Final Schedule K-1 ☐

Partnership's Name, Address and ZIP Code

**REPUBLIC GROUP, LLC  
260 WEST 36TH STREET, SUITE 901  
NEW YORK NY 10018**

Partnership's Identifying Number

**83-0396188**

Partner's Percentage of:

Ownership 95.0000000%

Profit and Loss 95.0000000%

% of time devoted \_\_\_\_\_

Time devoted \_\_\_\_\_

% of Total Distributive Shares **94.993334%**

**ITEMS OF BUSINESS INCOME, GAIN, LOSS OR DEDUCTION**

1	Ordinary income (loss)	1	<b>6413.</b>
2	Net income (loss) from ALL rental real estate activity not included in line 1	2	
3	All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property held for investment not included in line 1 and line 2	3	
4	Guaranteed payments to partners	4	
5	Payments to retired partners included in other deductions from federal Form 1065	5	
6	Other income not included in lines 1, 2 and 3	6	
7	Charitable contributions	7	
8	Other deductions not included in lines 1, 2 and 3	8	
9	Other items and amounts not included above that are required to be reported separately to partners	9	
10	Total income (combine lines 1 through 9. DO NOT INCLUDE LINE 7)	10	<b>6413.</b>
11	Subtract (If loss, add) net income from rental or gain from sale or exchange of real property situated outside New York City if included in line 10 above	11	
12	Total income before New York City modifications (combine line 10 and line 11)	12	<b>6413.</b>

**NEW YORK CITY MODIFICATIONS**

**Additions**

13	All income taxes and unincorporated business taxes	13	
14	(a) Sales and use tax credit	14a	
	(b) Relocation credits	14b	
	(c) Expenses related to exempt income	14c	
	(d) Depreciation adjustments	14d	
	(e) Exempt activities	14e	
15	Other additions	15	
16	Total additions (add lines 13 through 15)	16	

**Subtractions**

17	All income taxes and unincorporated business tax refunds	17	
18	Sales & use tax refunds from vendors or New York State	18	
19	Wages and salaries subject to federal jobs credit	19	
20	Depreciation adjustments	20	
21	Exempt income included in Part I, line 10	21	
22	50% of dividends	22	
23	Exempt activities	23	
24	Other subtractions	24	
25	Total subtractions (add lines 17 through 24)	25	

**NEW YORK CITY  
SCHEDULE K-1  
EQUIVALENT**

**Partner's New York City Information**

For Calendar Year 2009 or Fiscal Year

**2009**

Beginning \_\_\_\_\_, 2009; and Ending \_\_\_\_\_

Partner's Name, Address and ZIP Code

**INA SAMUELS MARTINEZ  
300 HOPPER COURT  
FRANKLIN LAKES, NJ 07417**

Partner Number 2

Partner's Identifying Number

Resident ☐

Amended Schedule K-1 ☐

Nonresident ☒

Final Schedule K-1 ☐

Partnership's Name, Address and ZIP Code

**REPUBLIC GROUP, LLC  
260 WEST 36TH STREET, SUITE 901  
NEW YORK NY 10018**

Partnership's Identifying Number

**83-0396188**

Partner's Percentage of:

Ownership 5.0000000%

Profit and Loss 5.0000000%

% of time devoted \_\_\_\_\_

Time devoted \_\_\_\_\_

% of Total Distributive Shares 5.006666%

**ITEMS OF BUSINESS INCOME, GAIN, LOSS OR DEDUCTION**

1	Ordinary income (loss)	1	338.
2	Net income (loss) from ALL rental real estate activity not included in line 1	2	
3	All portfolio income such as interest, dividends, royalties, annuity income and gain (loss) on the disposition of property held for investment not included in line 1 and line 2	3	
4	Guaranteed payments to partners	4	
5	Payments to retired partners included in other deductions from federal Form 1065	5	
6	Other income not included in lines 1, 2 and 3	6	
7	Charitable contributions	7	
8	Other deductions not included in lines 1, 2 and 3	8	
9	Other items and amounts not included above that are required to be reported separately to partners	9	
10	Total income (combine lines 1 through 9. DO NOT INCLUDE LINE 7)	10	338.
11	Subtract (If loss, add) net income from rental or gain from sale or exchange of real property situated outside New York City if included in line 10 above	11	
12	Total income before New York City modifications (combine line 10 and line 11)	12	338.

**NEW YORK CITY MODIFICATIONS**

<b>Additions</b>			
13	All income taxes and unincorporated business taxes	13	
14	(a) Sales and use tax credit	14a	
	(b) Relocation credits	14b	
	(c) Expenses related to exempt income	14c	
	(d) Depreciation adjustments	14d	
	(e) Exempt activities	14e	
15	Other additions	15	
16	Total additions (add lines 13 through 15)	16	
<b>Subtractions</b>			
17	All income taxes and unincorporated business tax refunds	17	
18	Sales & use tax refunds from vendors or New York State	18	
19	Wages and salaries subject to federal jobs credit	19	
20	Depreciation adjustments	20	
21	Exempt income included in Part I, line 10	21	
22	50% of dividends	22	
23	Exempt activities	23	
24	Other subtractions	24	
25	Total subtractions (add lines 17 through 24)	25	

# 2009 TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM IT-204

FOR THE YEAR ENDING

DECEMBER 31, 2009

Prepared for	REPUBLIC GROUP, LLC 260 WEST 36TH STREET, SUITE 901 NEW YORK, NY 10018
Prepared by	SANSIVERI, LONG & CO., L.L.C. 1135 CLIFTON AVENUE SUITE 101 CLIFTON, NJ 07013
To be signed and dated by	A MEMBER OF THE LLC
Amount of tax	NOT APPLICABLE
Mail tax return to	STATE PROCESSING CENTER P.O. BOX 61000 ALBANY, NY 12261-0001
Forms to be distributed to partners	ENCLOSED ARE COPIES OF SCHEDULE K-1 TO BE DISTRIBUTED TO THE PARTNERS.
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	ENCLOSED IS NEW YORK FORM IT-2659. PLEASE SIGN, DATE, AND SEPARATELY MAIL AS SOON AS POSSIBLE TO:  NYS TAX DEPARTMENT - IT-2659 P.O. BOX 397 ALBANY, NY 12201-0397  MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO COMMISSIONER OF TAXATION AND FINANCE IN THE AMOUNT OF \$26. STAPLE CHECK OR MONEY ORDER TO THE FORM AS INSTRUCTED. DO NOT ATTACH OR FILE THIS FORM WITH ANY OTHER FORM.

**Partnership Return**

For calendar year 2009 or tax year beginning

and ending

Read the instructions, Form IT-204-I, before completing this return.

Legal name

REPUBLIC GROUP, LLC

Trade name of business if different from legal name above

Address (number and street or rural route)

260 WEST 36TH STREET, SUITE 90

City, village, or post office

NEW YORK

State

NY

ZIP code

10018

Employer identification number (EIN)

83-0396188

Principal business activity

REAL ESTATE INVESTMEN

Principal product or service

RECEIVABLES FINANCING

NAICS business code number (see instructions)

531390

Date business started

01-16-2004

Special conditions for filing your 2009 tax return (see instr.)

**Section 1 - Partnership information****A** Mark an X in the box that applies to your entity

Regular partnership

Limited liability partnership (LLP)

Portfolio investment partnership

Other

**X** Limited liability company (LLC - including limited liability investment company and a limited liability trust company)**B** 1) Did the partnership have any income gain, loss, or deduction derived from NY sources during the tax year?**B1** Yes **X** No

2) If No, enter the number of resident partners

**B2****C** Mark applicable box(es) ☐ Change of address ☐ Initial return ☐ Amended return

Final return (attach explanation)

**D** 1) Is this return the result of federal audit changes?**D1** Yes No **X**

If Yes: 2) Enter date of final federal determination

**D2** ☐

3) Do you concede the federal audit changes?

**D3** Yes No**E** Did you file a NYS partnership return for: 1) 2007?**E1** Yes **X** No

2) 2008?

**E2** Yes **X** No

If No, state reason:

**F** Number of partners 1) Article 22**F1** 2

2) Article 9-A

**F2**

3) Other

**F3**

4) Total

**F4** 2**G** Does the partnership currently have tax accounts with NYS for the following taxes?1) Sales and use tax ☐ Yes ☐ No **X** (if Yes, enter ID number)**G1**2) Withholding tax ☐ Yes ☐ No **X** (if Yes, enter ID number)**G2****H** Did the partnership have an interest in real property located in NYS during the last three years?**H** Yes No**I** Has there been a transfer or acquisition of a controlling interest in this entity during the last three years?**I** Yes No**J** Are any partners in this partnership also partnerships or LLCs?**J** Yes No **X****K** Did the partnership engage in a like-kind transaction under IRC 1031 during the tax year?**K** Yes No **X****L** Was there a distribution of property or a transfer of a partnership interest during the tax year?**L** Yes No **X****M** Did the partnership make an election under IRC section 754?**M** Yes No **X****N** Is this partnership under audit by the IRS or has it been audited in a prior year?**N** Yes No **X****O** Is the partnership required to file Form DTF-686 or DTF-686-ATT for this filing period, to report a reportable transaction, New York reportable transaction, listed transaction or registered tax shelter?**O** Yes No **X**

If Yes, complete and attach Form(s) DTF-686, DTF-686-ATT, and any applicable federal forms.

**P** Did the partnership make purchases subject to sales and compensating use tax for which NYS tax was not paid? (see instr.)**P** Yes No **X****Third-party**

Print designee's name

Designee's phone number

Personal identification number (PIN)

designee? (see instr.)

Yes **X** No

E-mail:

**Paid preparer must complete (see instructions)****Sign here**

Preparer's signature

SSN or PTIN:

P00009773

Signature of general partner

Employer identification number

22-3769808

Date

Daytime phone number

Firm's name (or yours, if self-employed)

SANSIVERI, LONG &amp; CO., L.L.C.

Mark an X if

Address 1135 CLIFTON AVENUE SUITE self-employed

CLIFTON, NJ 07013

Date

E-mail:

Mail your return to:

STATE PROCESSING CENTER, PO BOX 61000, ALBANY NY 12261-0001.

948501  
12-08-09

Please file this original scannable return with the Tax Department.

2041091019



CLIENT'S COPY

83-0396188

Part 1 - Income from federal Form 1065

1	Gross receipts or sales		
2	Returns and allowances		
3	Subtract line 2 from line 1	1.	281,505.
4	Cost of goods sold	2.	
5	Gross profit (subtract line 4 from line 3)	3.	281,505.
6	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4.	
7	Net farm profit (loss) (attach federal Form 1040, Schedule F)	5.	281,505.
8	Net gain (loss) from federal Form 4797, Part II, line 17 (attach federal Form 4797)	6.	
9	Other income (loss) (attach statement)	7.	
10	Total income (loss) (combine lines 5 through 9)	8.	
		9.	
		10.	281,505.

Part 2 - Deductions from federal Form 1065

11	Salaries and wages (other than to partners) (less employment credits)	11.	105,416.
12	Guaranteed payments to partners	12.	
13	Repairs and maintenance	13.	13,586.
14	Bad debts	14.	
15	Rent	15.	5,833.
16	Taxes and licenses	16.	10,663.
17	Interest	17.	61,055.
18	Depreciation (if required, attach federal Form 4562)		
19	Depreciation reported on federal Form 1065, Schedule A and elsewhere on return	18.	
20	Subtract line 19 from line 18	19.	
21	Depletion (do not deduct oil and gas depletion)		
22	Retirement plans, etc	20.	
23	Employee benefit programs	21.	
24	Other deductions (attach statement)	22.	
25	Total deductions (add lines 11 through 17 and lines 20 through 24)	23.	
26	Ordinary business income (loss) (subtract line 25 from line 10)	24.	78,201.
		25.	274,754.
		26.	6,751.

SEE STATEMENT 1

Section 3 - Cost of goods sold (from federal Form 1065, Schedule A; see instructions)

27	Inventory at beginning of year	27.	
28	Purchases less cost of items withdrawn for personal use	28.	
29	Cost of labor	29.	
30	Additional IRC section 263A costs (attach statement)	30.	
31	Other costs (attach statement)	31.	
32	Total (add lines 27 through 31)	32.	
33	Inventory at end of year	33.	
34	Cost of goods sold (subtract line 33 from line 32)	34.	
35	Methods used for valuing closing inventory (mark an X in applicable boxes)		
	Cost as described in federal regulations section 1.471-3		
	Lower of cost or market as described in federal regulations section 1.471-4		
	Other (specify method used and explain)		
6	Was there a writedown of subnormal goods as described in federal regulations section 1.471-2 (c)?	Yes	No
7	Was LIFO inventory method adopted this tax year for any goods? (If Yes, attach federal Form 970.)	Yes	No
8	Do the rules of IRC section 263A (for property produced or acquired for resale) apply to the partnership?	Yes	No
9	Was there any change in determining quantities, cost, or valuations between opening and closing inventory?	Yes	No
	If Yes, explain		

**Section 7 - Partners' share of income, deductions, etc.** (from federal Form 1065, Schedule K)**Partners' distributive share items**

86	Ordinary business income (loss)	86.	6,751.
87	Net rental real estate income (loss) (attach federal Form 8825)	87.	

88a	Other gross rental income (loss)	88a.	
88b	Expenses from other rental activities	88b.	

---

89	Other net rental income (loss) (subtract line 88b from line 88a)	89.	
90	Guaranteed payments	90.	
91	Interest income	91.	
92	Ordinary dividends	92.	
93	Royalties	93.	
94	Net short-term capital gain (loss) (attach federal Schedule D)	94.	
95	Net long-term capital gain (loss) (attach federal Schedule D)	95.	
96	Net section 1231 gain (loss) (attach federal Form 4797)	96.	
97	Other income (loss) (see instructions)	97.	

Identify:

98	Section 179 deduction (attach federal Form 4562)	98.	
99	Other deductions (see instructions)	99.	

Identify:

100	Tax preference items for minimum tax (see instructions)	100.	
-----	---	------	--

Identify:

101	Net earnings (loss) from self-employment	101.	
102	Tax-exempt income and nondeductible expenses (see instructions)	102.	6,349.
103	Distributions - cash and marketable securities	103.	
104	Distributions - other property	104.	
105	Other items not included above that are required to be reported separately to partners (see inst.)	105.	

Identify:

**Analysis of net income (loss)**

106	Enter amount from federal Form 1065, Analysis of Net Income (Loss), line 1	106.	6,751.
-----	--	------	--------

**Analysis by type of partner**

General Partners

Limited Partners

A	Corporate		
B	Individual (active)		
C	Individual (passive)		6,751.
D	Partnership		
E	Exempt organization		
F	Nominee / other		





**Section 8 - New York modifications** *(see instructions)*

107 New York State additions			
	Number	A - Total amount	B - New York State allocated amount
107a.	EA-		
107b.	EA-		
107c.	EA-		
107d.	EA-		
107e.	EA-		
107f.	EA-		
108 Total addition modifications <i>(total of column A, lines 107a through 107f)</i>			108.

---

109 New York State subtractions			
	Number	A - Total amount	B - New York State allocated amount
109a.	ES-		
109b.	ES-		
109c.	ES-		
109d.	ES-		
109e.	ES-		
109f.	ES-		
110 Total subtraction modifications <i>(total of column A, lines 109a through 109f)</i>			110.

111 Additions to federal itemized deductions		
	Letter	Amount
111a.		
111b.		
111c.		
111d.		
111e.		
111f.		
112 Total additions to federal itemized deductions <i>(add lines 111a through 111f)</i>		

113 Subtractions from federal itemized deductions		
	Letter	Amount
113a.		
113b.		
113c.		
113d.		
113e.		
113f.		
114 Total subtractions from federal itemized deductions <i>(add lines 113a through 113f)</i>		

115 New York adjustments to tax preference items		
115.		

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**Section 9 - Other information**

116a New York source gross income (see instructions) 116a. 281,505.  
 116b Net earnings from self-employment allocated to the MCTD (see instructions) 116b.  
 117 Is this partnership a partner in another partnership or LLC? (If Yes, list the names and EINs below; attach additional sheets if necessary.) Yes No **X**

Name of entity

EIN

**Section 10 - New York allocation schedule****Part 1** - List all places, both in and out of NYS, where the partnership carries on business (attach additional sheets if necessary)

Street address

City and state

Description (see instructions)

118 Do books and records reflect income earned in New York? (If Yes, do not complete Part 2.) Yes **X** No

**Part 2** - Formula basis allocation of income if books and records do not reflect income earned in New York

Items used as factors	A - Totals - in and out of NYS	B - New York State amounts	C - Percent col. B is of col. A
Property percentage (see instructions)	Dollars	Dollars	
119 Real property owned 119.	119.		
120 Real property rented from others 120.	120.		
121 Tangible personal property owned 121.	121.		
122 Property percentage (add lines 119, 120, and 121; see instr.) 122.	122.	122.	%
123 Payroll percentage (see instr.) 123.	123.	123.	%
124 Gross income percentage (see instr.) 124.	124.	124.	%
125 Total of percentages (total column C, lines 122, 123, and 124)		125.	%
126 Business allocation percentage (divide line 125 by three or by actual number of percentages if less than three)		126.	%

**Section 11 - Partners' credit information** (see instructions)**Part 1** - Pass-through credit bases and factors**Brownfield redevelopment tax credit** (Form IT-611 or IT-611.1)

127 Site preparation credit component 127.  
 128 Tangible property credit component 128.  
 129 On-site groundwater remediation credit component 129.

**Section 11** (continued)**EZ capital tax credit** (Form IT-602)

130	Investments in certified EZ businesses	130.
131	Contributions of money to EZ community development projects	131.
132	Recapture of credit for investments in certified EZ businesses	132.
133	Recapture of credit for contributions of money to EZ community development projects	133.

**QEZE tax reduction credit** (Form IT-604)

134	QEZE employment increase factor	134.
135	QEZE zone allocation factor	135.
136	QEZE benefit period factor	136.

**QETC facilities, operations, and training credit** (Form DTF-619)

137	Research and development property credit component	137.
138	Qualified research expenses credit component	138.
139	Qualified high-technology training expenditures credit component	139.

**Farmers' school tax credit** (Form IT-217)

140	Acres of qualified agricultural property	140.
141	Acres of qualified conservation property	141.
142	Eligible school district property taxes paid	142.
143	Acres of qualified agricultural property converted to nonqualified use	143.

**Other pass-through credit bases and factors**

## Credit bases

Code	Amount	Code	Amount
144a.		144d.	
144b.		144e.	
144c.		144f.	

## Credit factors

Code	Factor	Code	Factor	Code	Factor
144g.		144i.		144k.	
144h.		144j.		144l.	

**Part 2 - Pass-through credits, addbacks and recaptures**

145	Long-term care insurance credit (Form IT-249)	145.
146a	Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)	146a.
146b	Research and development - investment credit (Form IT-212)	146b.
147	Other pass-through credits	

Code	Amount	Code	Amount
147a.		147e.	
147b.		147f.	
147c.		147g.	
147d.		147h.	

## 148 Addbacks of credits and recaptures

Code	Amount	Code	Amount
148a.		148d.	
148b.		148e.	
148c.		148f.	

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NY IT-204	OTHER DEDUCTIONS	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK SERVICE CHARGES		1,520.	
INSURANCE		5,842.	
MEALS AND ENTERTAINMENT		6,350.	
OFFICE EXPENSE		16,260.	
PROFESSIONAL FEES		36,341.	
SUNDRY		8,563.	
TRAVEL		2,249.	
UTILITIES		1,076.	
TOTAL TO FORM IT-204, PAGE 2, LINE 24		78,201.	

NY IT-204	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
DUE FROM PARTNERS	419,870.	480,270.	
TOTAL TO FORM IT-204, PAGE 3, LINE 56	419,870.	480,270.	

NY IT-204	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
LOANS - OTHERS	496,430.	556,830.	
TOTAL TO FORM IT-204, PAGE 3, LINE 63	496,430.	556,830.	

NY IT-204	EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN RETURN	STATEMENT	4
DESCRIPTION		AMOUNT	
TRAVEL/ENTERTAINMENT		6,349.	
TOTAL TO FORM IT-204, PAGE 4, LINE 69		6,349.	

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New York State Department of Taxation and Finance  
**New York Partner's Schedule K-1**

2009

**IT-204-IP**

Tax Law - Article 22 (Personal Income Tax)

1

Final K-1

Amended K-1

For calendar year 2009 or tax year beginning

and ending

Partners: Before completing your income tax return, see Form IT-204-IP-1, *Partner's Instructions for Form IT-204-IP* (available at [www.nystax.gov](http://www.nystax.gov)).

**Partnership's information** (see instructions)

Partnership's name (as shown on Form IT-204)

**REPUBLIC GROUP, LLC**

Partnership's EIN

**83-0396188**

- A** Mark an **X** in the box if either applies to your entity
- Publicly traded partnership
- Portfolio investment partnership
- B** Tax shelter registration number, if any
- C** Business allocation percentage
- 100.0000 %**

**Partner's information** (see instructions)

Partner's name

**RAFAEL MARTINEZ**

Partner's identifying number

**091-58-9756**

Partner's address

**300 HOPPER COURT**

City

**FRANKLIN LAKES**

State

**NJ**

ZIP code

**07417**

- D** The partner is a (mark an **X** in the appropriate box)
- General partner or LLC member-manager **X** Limited partner or other LLC member
- E** What is the tax filing status of the partner? (mark an **X** in the appropriate box, if known.) **X** Individual Estate/trust Partnership
- F** If the partner is a disregarded entity or grantor trust, enter the tax ID of the entity or individual reporting the income, if known
- G** Did the partner sell its entire interest during the tax year?
- F** Yes No **X**

- H** Partner's share of profit, loss, and capital
- |            | Beginning         |   | Ending  |   |
|------------|-------------------|---|---------|---|
| 1) Profit  | <b>H1</b> 95.0000 | % | 95.0000 | % |
| 2) Loss    | <b>H2</b> 95.0000 | % | 95.0000 | % |
| 3) Capital | <b>H3</b> 95.0000 | % | 95.0000 | % |
- I** Partner's share of liabilities at the end of the year
- | 1) Nonrecourse                     | <b>I1</b> |
|------------------------------------|-----------|
| 2) Qualified nonrecourse financing | <b>I2</b> |
| 3) Recourse                        | <b>I3</b> |
- J** Partner's capital account analysis
- | 1) Beginning capital account                                      | <b>J1</b> -71,862.                   |
|---|--------------------------------------|
| 2) Capital contributed during the year - cash                     | <b>J2</b>                            |
| 3) Capital contributed during the year - property                 | <b>J3</b>                            |
| 4) Current year increase (decrease)                               | <b>J4</b> 381.                       |
| 5) Withdrawals and distributions - cash                           | <b>J5</b>                            |
| 6) Withdrawals and distributions - property                       | <b>J6</b>                            |
| 7) Ending capital account   | <b>J7</b> -71,481.                   |
| 8) Method of accounting (mark an <b>X</b> in the appropriate box) |                                      |
| <b>X</b> Tax basis  | GAAP Book Other (attach explanation) |

**K** Resident status (mark an **X** in all boxes that apply)

NYS full-year resident

Yonkers full-year resident

NYC full-year resident

NYS part-year resident

Yonkers part-year resident

NYC part-year resident

**X** NYS nonresident

Yonkers nonresident

**L** If the partner was included in a group return, enter the special NYS identification number, if known

**L**

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**M** 1) Was Form IT-2658-E filed with the partnership?M1 Yes No **X**

2) Was Form MTA-405-E filed with the partnership?

M2 Yes No

**N** NYS estimated tax paid on behalf of partner (from Form IT-2658)

Date

Amount

1) First installment

N1

2) Second installment

N2

3) Third installment

N3

4) Fourth installment

N4

Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)

N

**O** Estimated MCTMT paid on behalf of partner (from Form MTA-405)

Date

Amount

1) First installment

O1

2) Second installment

O2

3) Third installment

O3

4) Fourth installment

O4

Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)

O

**Partner's share of income, deductions, etc.****A - Partner's distributive share items****B - Federal K-1 amount****C - New York State amount**

1 Ordinary business income (loss)

1.

6,413.

1.

6,413.

2 Net rental real estate income (loss)

2.

2.

3 Other net rental income (loss)

3.

3.

4 Guaranteed payments

4.

4.

5 Interest income

5.

5.

6 Ordinary dividends

6.

6.

7 Royalties

7.

7.

8 Net short-term capital gain (loss)

8.

8.

9 Net long-term capital gain (loss)

9.

9.

10 Net section 1231 gain (loss)

10.

10.

11 Other income (loss) *Identify:*

11.

11.

12 Section 179 deduction

12.

12.

13 Other deductions *Identify:*

13.

13.

14 Tax preference items for minimum tax

14.

14.

*Identify:*

15 Net earnings (loss) from self-employment

15.

15.

16 Tax-exempt income and nondeductible expenses

16.

6,032.

16.

6,032.

17 Distributions - cash and marketable securities

17.

17.

18 Distributions - other property

18.

18.

19 Other items not included above that are required to be reported separately to partners

19.

19.

*Identify:***Partner's share of New York modifications (see instructions)****20 New York State additions****Number****A - Total amount****B - New York State allocated amount**

20a. E A-

20b. E A-

20c. E A-

20d. E A-

20e. E A-

20f. E A-

**21** Total addition modifications (total of column A, lines 20a through 20f)**21.**

**Partner's share of New York modifications** *(continued)***22** New York State subtractions

	Number	A - Total amount	B - New York State allocated amount
22a.	E S-		
22b.	E S-		
22c.	E S-		
22d.	E S-		
22e.	E S-		
22f.	E S-		

**23** Total subtraction modifications *(total of column A, lines 22a through 22f)* **23.**

**24** Additions to federal itemized deductions

	Letter	Amount
24a.		
24b.		
24c.		
24d.		
24e.		
24f.		

**25** Total additions to federal itemized deductions *(add lines 24a through 24f)* **25.**

**26** Subtractions from federal itemized deductions

	Letter	Amount
26a.		
26b.		
26c.		
26d.		
26e.		
26f.		

**27** Total subtractions from federal itemized deductions *(add lines 26a through 26f)* **27.**

**28** New York adjustments to tax preference items **28.**

**Partner's other information**

<b>29a</b> Partner's share of New York source gross income	<b>29a.</b>	<b>267,430.</b>
<b>29b</b> Net earnings from self-employment allocated to the MCTD <i>(see instructions)</i>	<b>29b.</b>	

**Partner's credit information****Part 1 - Pass-through credit bases and factors****Brownfield redevelopment tax credit** *(Form IT-611 or IT-611.1)*

<b>30</b> Site preparation credit component	<b>30.</b>
<b>31</b> Tangible property credit component	<b>31.</b>
<b>32</b> On-site groundwater remediation credit component	<b>32.</b>

**Partner's credit information** *(continued)*

**EZ capital tax credit** *(Form IT-602)*

33	Investments in certified EZ businesses	33.
34	Contributions of money to EZ community development projects	34.
35	Recapture of credit for investments in certified EZ businesses	35.
36	Recapture of credit for contributions of money to EZ community development projects	36.

**QEZE tax reduction credit** *(Form IT-604)*

37	QEZE employment increase factor	37.
38	QEZE zone allocation factor	38.
39	QEZE benefit period factor	39.

**QETC facilities, operations, and training credit** *(Form DTF-619)*

40	Research and development property credit component	40.
41	Qualified research expenses credit component	41.
42	Qualified high-technology training expenditures credit component	42.

**Farmers' school tax credit** *(Form IT-217)*

43	Acres of qualified agricultural property	43.
44	Acres of qualified conservation property	44.
45	Eligible school district property taxes paid	45.
46	Acres of qualified agricultural property converted to nonqualified use	46.

**Other pass-through credit bases and factors**

Credit bases

Code	Amount	Code	Amount
47a.		47d.	
47b.		47e.	
47c.		47f.	

Credit factors

Code	Factor	Code	Factor	Code	Factor
47g.		47i.		47k.	
47h.		47j.		47l.	

**Part 2 - Pass-through credits, addbacks and recaptures**

48	Long-term care insurance credit <i>(Form IT-249)</i>	48.
49	Investment credit <i>(including employment incentive credit and historic barn rehabilitation credit; Form IT-212)</i>	49.
50	Research and development - investment credit <i>(Form IT-212)</i>	50.
51	Other pass-through credits	

Code	Amount	Code	Amount
51a.		51e.	
51b.		51f.	
51c.		51g.	
51d.		51h.	

**52 Addbacks of credits and recaptures**

Code	Amount	Code	Amount
52a.		52d.	
52b.		52e.	
52c.		52f.	



New York State Department of Taxation and Finance  
**New York Partner's Schedule K-1**

2009

**IT-204-IP**

Tax Law - Article 22 (Personal Income Tax)

2

Final K-1

Amended K-1

For calendar year 2009 or tax year beginning and ending

Partners: Before completing your income tax return, see Form IT-204-IP-1, *Partner's Instructions for Form IT-204-IP* (available at [www.nystax.gov](http://www.nystax.gov)).

**Partnership's information** (see instructions)

Partnership's name (as shown on Form IT-204)

**REPUBLIC GROUP, LLC**

Partnership's EIN

**83-0396188**

**A** Mark an **X** in the box if either applies to your entity

Publicly traded partnership

Portfolio investment partnership

**B** Tax shelter registration number, if any

**B**

**C** Business allocation percentage

**C**

**100.0000 %**

**Partner's information** (see instructions)

Partner's name

**INA SAMUELS MARTINEZ**

Partner's identifying number

**263-81-0455**

Partner's address

**300 HOPPER COURT**

City

**FRANKLIN LAKES**

State

**NJ**

ZIP code

**07417**

**D** The partner is a (mark an **X** in the appropriate box)

General partner or LLC member-manager

**X**

Limited partner or other LLC member

**E** What is the tax filing status of the partner? (mark an **X** in the appropriate box, if known.)

**X** Individual

Estate/trust

Partnership

**F** If the partner is a disregarded entity or grantor trust,

enter the tax ID of the entity or individual reporting the income, if known

**F**

**G** Did the partner sell its entire interest during the tax year?

**G**

Yes

No

**X**

**H** Partner's share of profit, loss, and capital

Beginning

Ending

1) Profit

**H1**

**5.0000**

%

**5.0000**

%

2) Loss

**H2**

**5.0000**

%

**5.0000**

%

3) Capital

**H3**

**5.0000**

%

**5.0000**

%

**I** Partner's share of liabilities at the end of the year

1) Nonrecourse

**I1**

2) Qualified nonrecourse financing

**I2**

3) Recourse

**I3**

**J** Partner's capital account analysis

1) Beginning capital account

**J1**

**-3,782.**

2) Capital contributed during the year - cash

**J2**

3) Capital contributed during the year - property

**J3**

4) Current year increase (decrease)

**J4**

**21.**

5) Withdrawals and distributions - cash

**J5**

6) Withdrawals and distributions - property

**J6**

7) Ending capital account

**J7**

**-3,761.**

8) Method of accounting (mark an **X** in the appropriate box)

**X** Tax basis

GAAP

Book

Other (attach explanation)

**K** Resident status (mark an **X** in all boxes that apply)

NYS full-year resident

Yonkers full-year resident

NYC full-year resident

NYS part-year resident

Yonkers part-year resident

NYC part-year resident

**X** NYS nonresident

Yonkers nonresident

**L** If the partner was included in a group return, enter the special NYS identification number, if known

**L**

<b>M</b> 1) Was Form IT-2658-E filed with the partnership?	<b>M1</b>	Yes	No	<b>X</b>
2) Was Form MTA-405-E filed with the partnership?	<b>M2</b>	Yes	No	
<b>N</b> NYS estimated tax paid on behalf of partner (from Form IT-2658)	<b>Date</b>	<b>Amount</b>		
1) First installment	<b>N1</b>			
2) Second installment	<b>N2</b>			
3) Third installment	<b>N3</b>			
4) Fourth installment	<b>N4</b>			
Total NYS estimated tax paid on behalf of partner (add lines N1 through N4)		<b>N</b>		
<b>O</b> Estimated MCTMT paid on behalf of partner (from Form MTA-405)	<b>Date</b>	<b>Amount</b>		
1) First installment	<b>O1</b>			
2) Second installment	<b>O2</b>			
3) Third installment	<b>O3</b>			
4) Fourth installment	<b>O4</b>			
Total estimated MCTMT paid on behalf of partner (add lines O1 through O4)		<b>O</b>		

**Partner's share of income, deductions, etc.**

<b>A - Partner's distributive share items</b>	<b>B - Federal K-1 amount</b>	<b>C - New York State amount</b>
1 Ordinary business income (loss)	1. 338.	1. 338.
2 Net rental real estate income (loss)	2.	2.
3 Other net rental income (loss)	3.	3.
4 Guaranteed payments	4.	4.
5 Interest income	5.	5.
6 Ordinary dividends	6.	6.
7 Royalties	7.	7.
8 Net short-term capital gain (loss)	8.	8.
9 Net long-term capital gain (loss)	9.	9.
10 Net section 1231 gain (loss)	10.	10.
11 Other income (loss) <i>Identify:</i>	11.	11.
12 Section 179 deduction	12.	12.
13 Other deductions <i>Identify:</i>	13.	13.
14 Tax preference items for minimum tax <i>Identify:</i>	14.	14.
15 Net earnings (loss) from self-employment	15.	15.
16 Tax-exempt income and nondeductible expenses	16. 317.	16. 317.
17 Distributions - cash and marketable securities	17.	17.
18 Distributions - other property	18.	18.
19 Other items not included above that are required to be reported separately to partners <i>Identify:</i>	19.	19.

**Partner's share of New York modifications (see instructions)**

<b>20 New York State additions</b>		<b>A - Total amount</b>	<b>B - New York State allocated amount</b>
<b>Number</b>			
20a.	E A-		
20b.	E A-		
20c.	E A-		
20d.	E A-		
20e.	E A-		
20f.	E A-		
<b>21</b>	<b>Total addition modifications (total of column A, lines 20a through 20f)</b>		<b>21.</b>

**Partner's share of New York modifications** *(continued)***22** New York State subtractions

	Number	A - Total amount	B - New York State allocated amount
22a.	E S-		
22b.	E S-		
22c.	E S-		
22d.	E S-		
22e.	E S-		
22f.	E S-		

**23** Total subtraction modifications *(total of column A, lines 22a through 22f)***23.****24** Additions to federal itemized deductions

	Letter	Amount
24a.		
24b.		
24c.		
24d.		
24e.		
24f.		

**25** Total additions to federal itemized deductions *(add lines 24a through 24f)***25.****26** Subtractions from federal itemized deductions

	Letter	Amount
26a.		
26b.		
26c.		
26d.		
26e.		
26f.		

**27** Total subtractions from federal itemized deductions *(add lines 26a through 26f)***27.****28** New York adjustments to tax preference items**28.****Partner's other information****29a** Partner's share of New York source gross income**29a.****14,075.****29b** Net earnings from self-employment allocated to the MCTD *(see instructions)***29b.****Partner's credit information****Part 1 - Pass-through credit bases and factors****Brownfield redevelopment tax credit** *(Form IT-611 or IT-611.1)***30** Site preparation credit component**30.****31** Tangible property credit component**31.****32** On-site groundwater remediation credit component**32.**

**Partner's credit information** (continued)**EZ capital tax credit** (Form IT-602)

33	Investments in certified EZ businesses	33.
34	Contributions of money to EZ community development projects	34.
35	Recapture of credit for investments in certified EZ businesses	35.
36	Recapture of credit for contributions of money to EZ community development projects	36.

**QEZE tax reduction credit** (Form IT-604)

37	QEZE employment increase factor	37.
38	QEZE zone allocation factor	38.
39	QEZE benefit period factor	39.

**QETC facilities, operations, and training credit** (Form DTF-619)

40	Research and development property credit component	40.
41	Qualified research expenses credit component	41.
42	Qualified high-technology training expenditures credit component	42.

**Farmers' school tax credit** (Form IT-217)

43	Acres of qualified agricultural property	43.
44	Acres of qualified conservation property	44.
45	Eligible school district property taxes paid	45.
46	Acres of qualified agricultural property converted to nonqualified use	46.

**Other pass-through credit bases and factors**

## Credit bases

Code	Amount	Code	Amount
47a.		47d.	
47b.		47e.	
47c.		47f.	

## Credit factors

Code	Factor	Code	Factor	Code	Factor
47g.		47i.		47k.	
47h.		47j.		47l.	

**Part 2 - Pass-through credits, addbacks and recaptures**

48	Long-term care insurance credit (Form IT-249)	48.
49	Investment credit (including employment incentive credit and historic barn rehabilitation credit; Form IT-212)	49.
50	Research and development - investment credit (Form IT-212)	50.

## 51 Other pass-through credits

Code	Amount	Code	Amount
51a.		51e.	
51b.		51f.	
51c.		51g.	
51d.		51h.	

## 52 Addbacks of credits and recaptures

Code	Amount	Code	Amount
52a.		52d.	
52b.		52e.	
52c.		52f.	

2009

New York State Department of Taxation and Finance

IT-2659

**Estimated Tax Penalties for  
Partnerships and New York S Corporations**(For underpayment or nonpayment of estimated tax required to be paid on behalf of partners and  
shareholders who are corporations or nonresident individuals)

For calendar year 2009 or fiscal year beginning

and ending

Legal name

REPUBLIC GROUP, LLC

Employer identification number

83-0396188

Print or type

Trade name of business if different from legal name above

Address (number and street or rural route)

260 WEST 36TH STREET, SUITE 901

City, village, or post office

NEW YORK

State ZIP code

NY 10018

Type of entity (mark an X in the applicable box): ☒ Partnership ☐ S corporation**Complete Schedules A through D on pages 2, 3, and 4, as applicable, to compute your penalty.**Staple check  
or money  
order here.Pay amount shown on page 4, line 52. Include only the line 52  
amount in your check or money order, and make payable  
to: Commissioner of Taxation and Finance

Payment enclosed

26

**File Form IT-2659 by the later of April 15, 2010, or the due date of the partnership or S corporation  
tax return for the year (determined with regard to any extension of time to file).****Do not attach or file Form IT-2659 with any other form.**

## ▼ Paid preparer must complete ▼

Preparer's signature

SSN or PTIN:

• P00009773

Firm's name (or yours, if self-employed)

Employer Identification number

SANSIVERI, LONG &amp; CO., L.L.C. • 22-3769808

Address

1135 CLIFTON AVENUE SUITE 101  
CLIFTON, NJ 07013

Mark an X if

self-employed ☐

Date

## Sign your return here

Signature of general partner or member, elected officer, or  
authorized person

Date

Daytime phone number

E-mail:

E-mail:

Mail this form and payment to: NYS TAX DEPARTMENT - IT-2659  
PO BOX 397  
ALBANY NY 12201-0397

984101 12-30-09

Please file this original scannable form with the Tax Department.

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**Schedule A - Computation of estimated tax underpayment (if any).** All filers must complete this part. Only include partners and shareholders who are subject to estimated tax paid on their behalf by the partnership or New York S corporation (see instructions).

**Current year**

1	Total of all nonresident individual partners' or shareholders' distributive or pro rata shares of 2009 income earned from New York sources	1.	6,413.	
2	Total of all nonresident individual partners' or shareholders' shares of 2009 partnership deductions allocated to New York (see instructions)	2.	0.	
3	Subtract line 2 from line 1	3.	6,413.	
4	Individual tax rate (8.97%)	4.	.0897	
5	Multiply line 3 by line 4	5.	575.	
6	Total of all nonresident individual partners' or shareholders' distributive or pro rata shares of 2009 partnership or S corporation credits	6.	0.	
7	2009 estimated tax required to be paid on behalf of nonresident individuals (subtract line 6 from line 5)	7.	575.	
8	Total of all corporate partners' distributive shares of 2009 income earned from NY sources	8.	0.	
9	Corporation tax rate (7.1%)	9.	.071	
10	Multiply line 8 by line 9	10.	0.	
11	Total of all corporate partners' distributive shares of 2009 partnership credits	11.	0.	
12	2009 estimated tax required to be paid on behalf of corporations (subtract line 11 from line 10)	12.	0.	
13	Total estimated tax required to be paid for 2009 (add lines 7 and 12)	13.	575.	
14	90% of the estimated tax required to be paid for 2009 (multiply line 13 by 90% (.90))	14.	518.	

**Prior year**

15	Total of all nonresident individual partners' or shareholders' distributive or pro rata shares of 2008 income earned from New York sources	15.		
16	Total of all nonresident individual partners' or shareholders' shares of 2008 partnership deductions allocated to New York (see instructions)	16.		
17	Subtract line 16 from line 15	17.		
18	Individual tax rate (8.97%)	18.	.0897	
19	Multiply line 17 by line 18	19.		
20	Total of all nonresident individual partners' or shareholders' distributive or pro rata shares of 2008 partnership or S corporation credits	20.		
21	2008 estimated tax computed for individuals (subtract line 20 from line 19)	21.		
22	Total of all corporate partners' distributive shares of 2008 income earned from NY sources	22.		
23	Corporation tax rate (7.1%)	23.	.071	
24	Multiply line 22 by line 23	24.		
25	Total of all corporate partners' distributive shares of 2008 partnership credits	25.		
26	2008 estimated tax computed for corporations (subtract line 25 from line 24)	26.		
27	Total estimated tax computed for 2008 (add lines 21 and 26)	27.		
28	If the sum of lines 17 and 22 is more than \$150,000, and the entity is not primarily engaged in farming or fishing, complete line 28 and continue with Schedule B. If the sum of lines 17 and 22 is \$150,000 or less, skip line 28 and continue with Schedule B. Multiply line 27 by 110% (1.10)	28.		

**Schedule B - Short method for computing the penalty.** See Important note on Form IT-2659-I. Complete lines 29 through 34 if you paid four equal estimated tax installments (on the due dates), or if you made no payments of estimated tax. Otherwise, you must complete Schedule C.

29	If you were not required to make an entry on line 28, enter the lesser of lines 14 or 27. If you were required to make an entry on line 28, enter the lesser of lines 14 or 28	29.	518.
30	Enter the total amount of estimated tax payments made for 2009	30.	0.
31	Total underpayment for the year (subtract line 30 from line 29; if zero or less you do not owe the penalty)	31.	518.
32	Multiply line 31 by .04985 and enter the result	32.	26.
33	If the amount on line 31 was paid on or after April 15, 2010, enter 0. If the amount on line 31 was paid before April 15, 2010, make the following computation to find the amount to enter on this line: Amount on line 31 x number of days before April 15, 2010 x .00020 =	33.	0.
34	Penalty (subtract line 33 from line 32; enter here and on line 51) (continued)	34.	26.

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## Schedule C - Regular method

## Part 1 - Computing the underpayment

Payment due dates	A 4/15/09	B 6/15/09	C 9/15/09	D 1/15/10
35 Required installments (see instr.)	35.			
36 Estimated tax paid	36.			
Complete lines 37 through 39, one column at a time, starting in column A.				
37 Overpayment or underpayment from prior period	37.			
38 If line 37 is an overpayment, add lines 36 and 37; if line 37 is an underpayment, subtract line 37 from line 36 (see instr.)	38.			
39 Underpayment (subtract line 38 from line 35) or overpayment (subtract line 35 from line 38; see instructions)	39.			

## Part 2 - Computing the penalty

Payment due dates	A 4/15/09	B 6/15/09	C 9/15/09	D 1/15/10
40 Amount of underpayment (from line 39)	40.			
First installment (April 15 - June 15, 2009)				
41 April 15 - June 15 =				
$(61 \div 365) \times 7.5\% = .01253$				
- or -				
April 15 - =				
$( \div 365) \times 7.5\% =$				
	41.			
42 Multiply line 40, column A, by line 41	42.			
Second installment (June 15 - September 15, 2009)				
43 June 15 - September 15 = $(92 \div 365) \times 7.5\% = .01890$				
- or -				
June 15 - = $( \div 365) \times 7.5\% =$				
		43.		
44 Multiply line 40, column B, by line 43		44.		
Third installment (September 15, 2009 - January 15, 2010)				
45 September 15 - January 15 = $(122 \div 365) \times 7.5\% = .02506$				
- or -				
September 15 - = $( \div 365) \times 7.5\% =$				
			45.	
46 Multiply line 40, column C, by line 45			46.	
Fourth installment (January 15 - April 15, 2010)				
47 January 15 - April 15 = $(90 \div 365) \times 7.5\% = .01848$				
- or -				
January 15 - = $( \div 365) \times 7.5\% =$				
				47.
48 Multiply line 40, column D, by line 47				48.
49 Penalty (add lines 42, 44, 46, and 48)				49.

(continued)

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01 JANUARY COPY





Form 16A. CAPTION (FULL)

United States Bankruptcy Court

Southern District Of New York

In re Republic Group, LLC )  
[Set forth here all names including married, )  
maiden, and trade names used by debtor within )  
last 8 years.] )

Debtor

Case No. \_\_\_\_\_

Address 260 West 36th St, Rm 901 )  
New York, NY 10018 )

Chapter 11

Last four digits of Social-Security or Individual Tax- )  
Payer-Identification (ITIN) No(s). (if any): 83-0396 )  
188 )

Employer Tax-Identification (EIN) No(s). (if any): \_\_\_\_\_ )  
83-0396188 )

[Designation of Character of Paper]

-----X

In Re: Republic Group, LLC

Chapter 11 Case No. \_\_\_\_\_

-----X

Republic Group, LLC (the "Debtor ") having filed a petition for reorganization under chapter 11 of the Bankruptcy Code on January 28, 2011, and the Court having determined that a case management conference will aid in the efficient conduct of the case, it is

ORDERED, that the Debtor shall give notice by mail of this order at least seven days prior to the scheduled conference to each committee appointed to serve in the case pursuant to 11 U.S.C. § 1102 (or, if no committee has been appointed, to the holders of the 10 largest unsecured claims), the holders of the five largest secured claims, any postpetition lender to the Debtor, and the United States Trustee, and shall promptly file proof of service of such notice with the Clerk of the Court.

\_\_\_\_\_

\_\_\_\_\_